

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 587732

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		2		1		
4		2		1		
5		6		1		
6		6		1		
7		6		1		
8		6		1		
9		6		1		
10		6		1		
11	1		1			
12	1		1			
13	2		1			
14	6		1			
15	6		1			
16	6		1			
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TOTAL IND.	2		3			
TOTAL DEP.	24	←	20	←		
TOTAL CLAIMS	26		23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						